b. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

1991.75

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	922
County All Africe	Registration Dist. No. 251
Village or City Willel 1. Hell led	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. II of loreign birth?
2. FULL NAME Speed Burns	If U.S. Veteran specify WAR
(a) Residence: No. Culleth . Helf Wed (Usual place of abode)	SE, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. Il married, widowed/ or divorced HUSBANO of (or) WIFE of	22.   I HEREBY CERTIFY. Thet lattended deceased from
6. DATE OF BIRTH (month, day, and year) 1936 Oct 18	last saw h. C. alive on C. C. L. 1930 death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 2 P m,
5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8) Trade, profession, or particular Nind of work done, as SPINNER.	New Date of onsot
SawyER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and this occupation (month and search in this occupation).	
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation	A
12. BIRTHPLACE (city or town) COLOR ACCION COLOR	O(ber Contributory Causes of Miportance: All Heart Class
I 13. NAME Recherd Bords	
13. NAME COLOR DO COLO	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or William)	23. If death wes due to external causes (VIOLENCE) fill In elso the lollowing:
State or country Cold Attille	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Stella Sprepping	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (QUILLO A. MILLE WILL  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Church Hell Date Oct. 6, 1936	Nature of injury
19. UNDERTAKER The H Good (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED (Qct. 5, 19 3 & 7/2 A Grad. Registrat.	(Signed) Delle Delle Delle M. D.  (Address) Chille Ch. Helle Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 6 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

I. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	I RECEND. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	The second secon
4 /	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

Langth of residence in city or town where daath occurred yrs mos ds. How  2. FULL NAME Care a Chippette Cleatt  (a) Residence: No.  (b) Cleatt  (b) Cleatt  (a) Residence: No.  (b) Cleatt  (c) St.,  (C) St.,	[23]
Village or city  Langth of residence in city or town where daath occurred  Langth of residence in city or town where daath occurred  (a) Residence: No.  (b) Clicatt  (a) Residence: No.  (C) Sand place of abode  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  (Or) WIFE of  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. Or min.  8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  10. Date dacaased last worked at this occupation (month and spent in this spent in this  Spent in this  11. Total time (years)  Spent in this	5 /51
Langth of residence in city or town where daath occurred yrs mos ds. How the control of the cont	Registration Dist. No. 230
Langth of residence in city or town where daath occurred yrs	St., War a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.  (b) Cusual place of abode  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  5a. If married, widowed, or divorced  HUSBAND at (or) WIFE of  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last worked at this occupation (month and spant in this spant in this	w long in U.S. if of foreign birth?yrsmosd
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Foundle  Whise And Statistical  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. Or min.  8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last worked at this occupation (month and spent in this spent in this	O O = O
S. SEX  4. COLOR OR RACE  Fluid:  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  6. Life married, widowed, or divorced  HUSBAND et.  (or) WIFE of  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.  8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last worked at this occupation (month and spent in this spent in this	Ward. Outlie 6
Formale White OR DIVORCED (write tha word)  Sa. If married, widowed, or divorced HUSBAND at (or) WIFE of St. Collection (or) WIFE of St. Colle	MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	OF DEATH  (Month)  (Day)  (Year)
S. DATE OF BIRTH (month, day, and yaar)  AGE Years Months Days If LESS than to have occurred The PRINCIPAL ware as follows  SAWYER, BOOKKEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date dacaased last worked at this occupation (month and Spent in this	HEREBY CERTIFY, That I attended deceased fro
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	alive on Oct 14 1926; daeth is sa
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at this occupation (month and spent in this	on the data statad above, at 10.30 m.
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	CAUSE OF DEATH and related causes of importance
SAM MILL, BANK, etc	Talescalar of Bings Date of one
- Spoilt in this	
12. BIRTHPLACE (city or town) Claurely Cill (State or country)	ury Causes of importanca:
13. NAME How. Downett	
13. NAME Ju. Dewett	onDate of
(Stata or country) Tued What tast confirm	med diagnosis? Was thare an autopsy?
15. MAIDEN NAME Clarget Tribel 23. If death was d	lue to external causes (VIOL ENCE) fill in elso the following:
E (Chata as soundary) // 7. //	a, or homicide?, 19, 19
- Also On more did injury	(Specify city or town, county and State) injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Live Chill Date Oct 4 1936  Natura of injury	
(Addrass) Develor Zeed, If so, spacify	or injury in any way ralated to occupation of deceased? As
20, FILED & C. S. 1936 (Signad) (Add  If more blanks are needed, address State Registrar, 2axx N. Charles St.	1 1 5 1

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Example I	f. pan	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1000			
- 10 years			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

PHYSICIANS should state

nation should be carefully supplied. AGE should be stated EXACTLY.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH	10	0	5	(	n	į	0.0	1	0-1	94		1	1	(	(	-	ı		-	7	100	100	100	ľ	P	P	ľ	1		P	P	P	ľ	P	ľ	ľ	P	P	P	P	P	2	1	ı	Į			1	100		(	1	ı		ſ	1													ı	4	-	ŀ	•	Ī	-	1	Δ	1		E	١	)		I			-	F	١	)	0		-		Ī	Γ	i	4	1		(	I	-	F	I	Γ	1	5	R	F		-	E	Į	)	(	-(		_	-	)		Γ	I	I	1	١	ľ	1	١	ľ	1		ı	ĺ	I	7	1	Y	Y	1	Ī	9	?	?	R
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1. PLACE OF DEATH	(1)
· County July anne	Registration Dist. No. 253
Village or City Crumpton	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME (Uphlus) Day Com	eradily. Veteran specify WAR.
(a) Residence: No. 6 Municipal place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OF 17 1936
5a. If married, widowed, or divorced HUSBAND of	(1111)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7.21. 9 1936	I last saw h.—up. alive on
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 1.030 //m.
8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Choken des fayen
9, Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Co / White Company (State or country) Manual Or on O	d Mchs Crummali ferang
13. NAME Celphens Day Emerson  14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) Warylan 2	Name of operation Date of
15. MAIDEN NAME Aline Stuty Ale 2015	Whet test confirmed diagnosis? Was there an autopsy?
I	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
COLL C	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Affice Sun Coults on (Address) & humb ton and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place to Municipation Date Oct 19, 1936	Nature of Injury
19. UNDERTAKER Sparks - Good	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chunsten. ma	If so, specify
20. FILED. Oct 14, 10 36 Fr M Wheele	(Signed) M. D.
Registrar.	(Address) + a wrety, my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Alterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	Ziidiiipies.
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
A reformandamental sourcemental sourcement .		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IAN
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1036	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
	76 4 4000		
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) SICIANS How long in U. S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred statement If U. S. Veteran, specify WAR. 2. FULL NAME (a) Residence: No. PHYS (Usual place of abode If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIFD, WIDOWED. OR DIVORCED (write the word) PERMANENT (Month) BINDING 5a. If marriad, widowed, or divorcad HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of N \_\_\_\_. 19\_\_\_\_. to\_\_\_\_\_ × 5 田 certificate. 6. DATE OF BIRTH (month, day, and year) properl 7. AGE Years Days If LESS than Months to have occurred on the date stated above, at \_\_\_\_\_m. FOR stated I day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance or\_\_Q\_min. IS were as follows: 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ THIS. OCCUPATION ARGIN RESERVED pe Jo 9. Industry or business In which work was done, es StLK MILL, SAW MILL, BANK, etc..... back may pinous INK 10. Dete deceased last worked at 11. Total time (years) no this occupation (month and spant in this that occupation \_\_ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) supplied. terms, FATHER 13. NAME See Name of oparation\_ 14. BIRTHPLACE (city or town) plain (Stata or country) should be carefully What test confirmed diagnosis? ..... Was there an autopsy?..... MOTHER important. 15. MAIDEN NAME in 23. If daeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_19\_\_\_\_\_ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury 70 CAUSE mation

TION

S. No.

B

19. UNDERTAKER

(Address)

(Yaar)

Date of onset

(Day)

. Was disaase or injury in a	iny way related to occupation	n of deceasad?	
f so, specify	CA	10	
(Signed)	of a on	~00g	M. D
(Address)	10 mo	un villa	

Nature of injury\_\_\_\_\_

and Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sclls goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV 6 1830	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

ARGIN RESERVED

(Year)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	- :
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 6 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 1		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

V. S. No. 1

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH should Length of residence in city or town where death occurred PHYSICIAN (a) Residence: No. (Ustal place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEAT OR DIVORCED (write the word) (Month) 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of M 5 certificate. 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars Months Days If LESS than proper 1 day....hrs. or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc .... 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc...... back may should ff. Total time (years)
spent in this 48
occupation on this occupation (month and that AGE instructions 12. BIRTHPLACE (city or town) (State or country) FATHER f3. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?. Wes there an autopsy? carefully MOTHER important. f5. MAIDEN NAME 16. BIRTHPLACE (city or town) DEATH (Stata or country) Where did injury occur?\_\_\_\_\_ should be 17. INFORMANT very (Addrass) OF 18. BURIAL, CREMATION Manner of injury CAUSE Nature of injury\_\_\_\_\_ LION 19. UNDERTAKER (Addrass)

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? vrs. mos. ds.

If U. S. Veteran, specify WAR\_\_\_\_

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

(Day) (Yaar)

That & attended daceased from

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Date of onset

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide?----- Data of Injury-----

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

If so, specify \_\_\_\_\_

(Signed)\_\_\_\_ (Address) \_

If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

For Registrar



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	R STATEMENTS BY PHYSICIAN
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V. S. No. 1

	-CERTIFICATE OF DEATH 10602
1. PLACE OF DEATH  County State Neculary	Registration Dist. No. 355
Village or City & Community Land	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME TO SUSTION W- Sugar	If U.S. Veteran specify WAR.
(a) Residence: No. To Vulley (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 13 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased f
(or) WIFE of	,19
. DATE OF BIRTH (month, day, and year) O 7 1911  AGE Years Months Days If LESS than	I last saw h elive on, 19; death is to have occurred on the date stated above, atm.
25 - 6 1 day,hrs	The PRINCIPAL CAUSE OP DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farm line SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Farm SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and spent in this occupation (month and spent in this spent in	Leff inflicted one
Work was doller as SILK will. # Arm.  10. Date deceased lest worked at this occupation (month and year) — OCA — 3 — 3 4 — occupation — 5 9	a light of death
2. BIRTHPLACE (city or town) Queen Come Co (State or country)	Other Contributory Causes of importance:
13. NAME Oscar Plesanton	
13. NAME Ocar Plesanton  14. BIRTHPLACE (city or town) Dent Lo (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mattie Lambden	23. If death was due to external causes (VIOLENCE) fill in also the following
15. MAIDEN NAME Wattie Fambden  16. BIRTHPLACE (city or town) Mill vile  (State or country)	Accident, suicide, or homicide? Accident accident accident, suicide, or homicide? Accident ac
7. INFORMANT O sear Plesanton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place to restertance Date Oct 15 , 1934	Manner of injury
9. UNDERTAKER Sparke and Good	24. Was disease or injury in any way related to occupation of deceased?
10. FILED QUILLY 1936 F. W. Stack	(Signal) by Coll of Well one

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ample II	i	Example I		
ath and related causes Date of onset lows:	The principal of important	Date of onset	of death and related causes s follows:	The principal cause of importance were as
1 week ago	Attack of epil	1915	THE PLANT OF THE PARTY OF THE P	Arteriosclerosis
1 week ago	Run over by st	1921	hritis -	Chronic interstitial neph
3 days ago	1927 Peritonitis	July 5,1927	Not 6 100	Cerebral hemorrhage
		<u> </u>	1 1 1 V. 3.	
of importance:	Other contri		auses of importance:	Other contributory ca
1 year	1923 Gastroenteritis	May 1,1923		Gallstones
of importance:		May 1,1923	auses of importance:	Other contributory ca

ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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should state

PHYSICIANS

stated EXACTLY. properly classified.

Exact statement of OCCUPA.

5. Every item of infor-

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

N. B.-WRITE PLAINEY,

V. S. No. 1

# STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	(20)
County due and	Registration Dist. No. 252
Village or City Mr, Price	ND. St., Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	15 H
2. FULL NAME Della Mande Parte	If U. S. Veteran, specify WAR
(a) Residence: No. 22/2 Pine St	St., Ward.
(a) Residence: ND. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (wpite the word)	21. DATE OF DEATH Q of 20-
female white married	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Carroll & Tarter.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sat 1-1889	I last saw h alive on Q c 19- 19 56; death is said
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, atm.
//7 / 1 2 a 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
1 & Trade profession or particular	were es follows:
Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Tredustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  To bate occupation (month end to seem to be	Mutral Reguestation
9. Tadustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
- I am occoponion (highlin one ) o -	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town).	
(State or country)	
13. NAME Tradford allauren	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Sach Jane Helleday  16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIDLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MIS Tradific getteres (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Circlewell Dete et 22, 1936	Neture of injury
19. UNDERTAKER Backon Burs	24. Wes disease or injury In eny way related to occupation of deceased?
(Address) Centrevelle, Md	If so, specify
20. FILED Oct. 21, 1936 Mamie S. Bright:	(Signed) Wery Fisher M. D.  (Address) Service had
A cal registrat.	

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 5 1930	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

of info	1. PLACE OF DEATH County Sueen and	Registration Dist. No. 2 52
S sho	THE STANDARD PROPERTY OF THE STANDARD S	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
CORD. Every PHYSICIAN ict statement	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
D H t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT RE	Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ON 10 - 1936 (Yaar)
RMANEN X A C T I	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1934, to 04/0 ,1934
IS A PEH stated E ; properly certificate.	7. AGE Yaars Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
HIS be be of	8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Caremon. of liver
DING INF AGE sh so that it actions on	SAW MILL, BANK, atc  10. Date decaased last worked at this occupation (north and year)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
H UNFA supplied in terms, See instri	13. NAME William Peek, 14. BIRTHPLACE (city or town) Ducen anne Co	Name of operation
E E	(State or country)  15. MAIDEN NAME Skinner  16. BIRTHPLACE (city or town Science Country)  (State or country)	What test confirmed diagnosis?
E PLAINLY, WI should be careful OF DEATH in I	17. INFORMANT Mrs. L. Land Bales (Addrass) Centrafiele, Jud 7.7 H  18. BURIAL, CREMATION OR REMOVAL	Where did injury occur?(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PE (SI)	Place Centreville Date Oct. 12,1936	Nature of injury
B.—WRITE mation s CAUSE TION is	19. UNDERTAKER Quini W. Eddings (Address)  20. FILED Oct 12. 1936 Manie & Bright	24. Was diseasa or injury in any way related to occupation of dacaasad?  If so, spacify  (Signad)  M. D.
Z	Local Registrar.	(Addrass) Cantreville hel

7. S. No. 1

MARGIN RESERVED FOR BINDING

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Example I		Example II	
The principal cause of death and related can of importance were as follows:	ases Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 103	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S. July 5,1927	Peritonitis	3 days ago
BURLAD			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

item of infor-

Every

CORD.

PERMANENT

FOR BINDING

MARGIN RESERVED

UNFADING

WRITE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	- 1	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by strect car	1 week ago
Cerebral hemorrhage	NOV 6 193E	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH 10606

	stat UPA	1	. PLACE OF	DEAT	Н			30	
a			County	-	Lucen	. au	nes	Registration Dist. No. 252	
M.	should f OCC		Village or Ci	ty	Cent	nevil	le	No. St.,	_Ward
	S		Length of resid	lence in city	or town where	death occurred		If death occurred in a hospital or institution, give its NAME instead of street and number  sds. How long In U.S. if of foreign birth?yrsmos	
-	AN		. FULL NAM	,	unai	Thursday of	L.	the If U.S. Veteran specify WAR.	
	o. E	1	(a) Residence		-	····		St. Ward.	10000000
	CORD. Every PHYSICIAN ict statemeni		(a) Nesidello	e. 140	************	(Usual pla	ce of abode)	If nonresident give city or town and State	
	RECC. PE	_			STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
MI	X 图 X		SEX	4. COLOR	OR RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH act. 28	1
b	T L ed.		If merried, widowe	Ca.	loned	Sur	gle	(Month) (Day) (Y	(ear)
Z	Sign	Ja.	HUSBAND of (or) WIFE of	a, or alvord				22. I HEREBY CERTIFY, Thet lattended decease	ed-from
BINDIN	ZMA X A class	-	(4,7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4			1		, 19, 10, 19	9
BI	- ·	-	DATE OF BIRTH (	-	and yeer)	ect 21	1	I lest saw h	h is said
民	IS A PE stated E properly certificate	7.	NGE Year	S	Months	Days	If LESS than	to have occurred on the date stated above, at 7:2! A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
FOR	IS A stated proper		O Tanda austan		411		orl_min.	wore se follows:	of onset
Q	IIS be be of	ON	8. Trede, profess kind of we SAWYER.	ork done, a BOOKKEEP	s SPINNER, ER, etc	Zow		Premature buth	
RESERVED	14	OCCUPATION	9. Industry or b		which	7.			
ER	25 -5	2	SAW MILL 10. Date deceese	L, BANK, etc	c	l 11 Tota	l time (yeers)		
ES	H TO	ŏ	this occup	ation (mont	h and	SI	pent in this ——		
		12	BIRTHPLACE (city		Centr	revil	Le. med.	Other Coutributory Causes of Importance:	
GIN	d. d. s, so ructi	12.	(State or coun					Syphilis, congenital	
R	UNFA supplied a terms, ee instri	ER	f3. NAME	ever	mah	Kenne	dy gr.	J. J	
MA	D to	FATHER	f4. DIRTHPLACE		(n) Bur	risin	Le Hed.	Name of operation Date of	
1	TI III	-	(State or		,	0	4/	What test confirmed diagnosis? Was there an autopsy	7
	WITH efully in plai	HER	15. MAIDEN NAM	IE de	suse	our	in	23. If death was due to externel causes (VIOL ENCE) fill in also the following:	
	INLY, W) be carefu EATH in 1 important.	MOT	16. BIRTHPLACE (State or		(n) 2 Co	- A - C	19.	Accident, sulcide, or homicide? Date of injury, 19	9
	AINLY, Id be can DEATH y import		7	P		0 : +	-/	Where did injury occur?(Specify city or town, county and State)	
4	should OF D	17.	(Address)	ce	inen	ille	~	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
0	shoul OF	f8.	BURIAL, CREMATI	ON, OR RE	MOVAL	0	1 0	Manner of injury	
	on ISE		Placel2u	miss	ella	Date	1. 30,193	Nature of injury	
p=4	WRITE mation s CAUSE TION is	19.	UNDERTAKER	VERE	mish.	Mam	redy (Lol	24. Was disease or injury in eny way related to occupation of deceased?	6
No.	B. I	_	(Address)	1 60	ntorill	-	1	Leo, specify de lot Hompsoil, Coron	ues
p. 03	ZIT	20.	FILED Oct.	29,19	36 11/0	mie &	3, Bright	(Signed) A. U. Scheel	M. D
		H			If more	blanks are needed	Local Registrar.	(Address)	类
					21 111011		, wateress chair Ackisita	, 2412 11. Chaires Street, Daitimore, Requesting 'U. J. IVO. 1.	

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Example I	il i	Example II	6 - N.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5	July 5, 1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	are but made an unest galion
at the nequest of the coron	or to determine the carrier
death 1	
	tatcheele m

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	Registration Dist. No. 253
County	
Village or City	No. St., Wa  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city of town where deeth occurred	smosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Vadie May	Storney If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of a	
PERSONAL AND STATISTICAL PARTICU	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEL 6. DIVORCED (2	te the word)
5a-If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended daceased fr
6. DATE OF BIRTH (month, day, end yeer) 04 29	1936   I last saw h alive on
7. AGE Yeers Months Deys	f LESS then to have occurred on the dete steted above, etm,
	ay,hrs. The PRINCIPAL CAUSE OF DEATH end reletad causes of importance
9 Tenda profession or particular	Date of one
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	State Co.
9. Mdustry or business in which	Olle bon
9. Midustry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	
ID. Dete deceesed lest worked et 11. Totel time spent in year) occupation (month end year)	nis
, year)	Other Contributory Causes of importenca:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAMES Jaroel Plearings	1040
<b>T</b>	107-33
14. BIRTHPLACE (city or town) (Steta or country)	Neme of operation
	Whet tast confirmed diagnosis? Wes there an eutopsy? West tast on the state of the
E Glatelin	Accident, suicide, or homicide? Dete of injury 19
O 16. BIRTHPLACE (city on/town)	Where did injury occur?
algaras A Name	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17, INFORMANT (Address)	. /LIA
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Cellreville Date Oct	O, 1934 Nature of injury
19. UNDERTAKER 7. Calhama (Address)	24. Was disease or plury in any way reletad to occupation of deceased?
20, FILEP OCT 29, 1956 F. C. Tho.	(Signed)  Registrar.  (Address)  Address)
	APPRILATE E CAUDITESS!

V. S. No. 1

ż

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis NO	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County dun Mune	Registration Dist. No. 955
Village or City Hear Countillie	No. St. Ward
/ (lf	death occurred in a horpital or institution, give its NAME instead of street and number)
Mars Sitte.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carace of what	If U.S. Yeteran apecify WAR
(a) Residence: No. Millington N, 7, 2)	St, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Date of Beath Och S 1936
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Jengle	222 I HEREBY CERTIFY That I attended deceased from 1930 to Och 1936
6. DATE OF BIRTH (month, day, and year) unknown 1803	I last saw h Ku Muelive on Och J 1936: deeth is said
7. AGE Years   Months   Days   1/ LESS than	to have occurred on the dete stated above, at
43 - 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
- 9 Trade profession or postinular	Dementiar Progression Date of one of
kind of work done, as SPINNER, Harring SAWYER, BOOKKEEPER, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this equation (mosth and this property of the second in this second in this property of the second in the sec	
work was done, as SILK MILL, SAW MILL, BANK, etc	
- 1 time occupation (months and spent in this	
7 1 1 1	Other Contributory Causes of Importance: Ludius Change
12. BIRTHPLACE (city or town) Keet / Tuowar (State or country)	artera Schrus / ( )
14. BIRTHPLACE (city or town) Tot / Known	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an au'opsy?
E 15. MAIDEN NAME (CILLER WONTER)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cluber Walter  16. BIRTHPLACE (city or town) hear Kentor  (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Arte Melly Leagues (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OBTREMONAL ALL	Manner of injury
Place This near Date all 11 136	Nature of injury
19. UNDERTAKER A CO Josephy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Gueland / Oel	If so, specify
10 5 15 Cot 8 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Ad Stall M. D.
Registrar.	(Angress) La secreta la Pha
	1

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Example I	il il	Example II	Table 1
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 6 1993	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURPAU V. S	3. I d		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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10000

1. PLACE OF DEATH		
County observe acres	Registration Dist. No. 252	
Village or City Centreville	NoSt.,Wai	rd
60	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,	ds.
2. FULL NAME Mary & Watson	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., . Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (amic the word)	21. DATE OF DEATH / 0 - // (Day) (Yeer)	D 40 TO
Sa. If married, widowed, or divorced		_
HUSBAND of (or) WIFE of	HEREBY CERTIFY, That I attended deceased from	om
Sel+ 16-1857	1 last saw h 1 alive on 10 19 7 death is si	aid
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 1.2. a.m.	
79 24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ent
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and spent in this spent in this	Weste Chemic 10-4.	-
9. Industry or business in which work was done, as SILK MILL.		
work was done, as SILK MILL, SAW MILL, BANK, etc	Primary Cause: Cerebral hemorrhage.	
O 10. Date deceased lest worked et this occupation (month and yeer)	Dustion? not stated a cutoff	
12. BIRTHPLACE (city or town) Luces and Co	Other Centributory Causes of importance:	
(State or country)	Valutions	
13. NAME John Watern		
13. NAME Walson  14. BIRTHPLACE (ofty or town) Queen Queen Co	Name of operation	
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Vachel Welson  16. BIRTHPLACE (city or town) Cent reviewe	23. If death wes due to external causes (VIDLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Centreviele	Accident, suicide, or homicide?	
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Oraham Watern (Address) Custrevelle ma	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Piece Cultiville Maite Ott 4936	Neture of injury	
19. UNDERTAKER Backon Bers-A.	24. Was disease or injury in any way related to occupation of deceased?	>
(Address) Chilevello Mil.	If so, specify	
20. FILED Oct. 12, 1936 Marie, S. Bright.	(Signed) M	1. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

kample I		Example II	
th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
PECTIVE	D1915	Attack of epilepsy	1 week ago
2 6 0514 55	1991	Run over by street car	1 week ago
NOV 5 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	S.		
of importance:		Other contributory causes of importance:	TEXTO
	May 1,1923	Gastroenteritis	1 year
	th and related causes ws: NOV 5 1936 BUREAU V.	th and related causes Date of onset ows:  1921  NOV 5 193 July 5, 1927  BUREAU V.  of importance:	th and related causes  Date of onset of importance were as follows:  Attack of epilepsy  Run over by street car  NOV 5 193 July 5, 1927 Peritonitis  BUREAU V.  Of importance:  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDIN

MARGIN RESERVED

1. PLACE OF DEATH	9
County Jueen Umal	Registration Dist. No. 252
Village or City / 1	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a notification insulation, give as 1741112, instead of affect and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Courses COM	asis Alleland.
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) 193 (Year)
5a. If married, widowed, or divorcad	9/ 1936
HUSBAND of (Or) WIFE of	22. 1 HEREBY CERTIFY, That t attended deceased from 1936, to 0 1 30 196
6. DATE OF BIRTH (month, day, and year)	Clast saw h. 27 alive on Ol Zoll, 19.36; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at . J . 3 . J . m. The PRINCIPAL CAUSE OF DEATH and related causas of importance
6 0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	moof fough
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and spent in this	V
10. Date deceased last worked at this occupation (month and pear) spant in this occupation occupation	
	Other Contributery Capes of Importance:
12. BIRTHPLACE (city or town) (State or country)	and, commenter
13. NAME Love Arico	,
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Delen Morre Wilse	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Delen More Wilse  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicide? Data of injury, 19
S (Stata or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Law Wilson (Address) freen ame this.	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2	Manner of injury
Place Date Date 19.0	Nature of Injury
19. UNDERTAKER Parloy 3 ras (Address) One the rece my	24. Was disease or injury In any way related to occupation of deceased?
20, FILED Oct 31,1936 Manie & Bright	(Signed) a ff Apply M. D.
Lotal Registrar.	(Address) A A A A A A A A A A A A A A A A A A

B.—WRITE PL.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy  Run over by street car	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUE	THER STATEMENTS	BY	PHYSICIAN
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